

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM **JC/OH**
COVER SHEET PG 1

The JC/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00088040	2 Total pages filed: 19	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Ms.	FIRST Jenny	MI MI	OFFICE USE ONLY Date Received ELECTRONICALLY FILED 10/07/2024
	NICKNAME	LAST Cron	SUFFIX	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE PO Box 742 Corpus Christi, TX 78403		Date Hand-delivered or Date Postmarked	
			Receipt #	Amount
			Date Processed	
			Date Imaged	
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Ms.	FIRST Alissa	MI MI	
	NICKNAME	LAST Adkins	SUFFIX	
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 321 Texan Trail #225 Corpus Christi, TX 78411			
7 CAMPAIGN TREASURER PHONE	AREA CODE (361)	PHONE NUMBER 265-4542	EXTENSION	
8 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)			
	<input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR)			
9 PERIOD COVERED	Month Day Year 07/01/2024	THROUGH		Month Day Year 09/26/2024
10 ELECTION	ELECTION DATE Month Day Year 11/05/2024		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
11 OFFICE	OFFICE HELD (if any)		12 OFFICE SOUGHT (if known) Court Of Appeals, Justice Place 2 District 13	

GO TO PAGE 2

**JUDICIAL CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS**

**FORM JC/OH
COVER SHEET PG 2**

2 of 19

13 C / OH NAME Cron, Jenny (Ms.)	14 Filer ID (Ethics Commission Filers) 00088040
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15 NOTICE FROM POLITICAL COMMITTEE(S)	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.		
<input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME	
	<input checked="" type="checkbox"/> GENERAL	Judicial Fairness PAC	
	<input type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS	
		919 Congress Ave. Ste. 455 Austin, TX 78701	
		COMMITTEE CAMPAIGN TREASURER NAME	
		Parsley, E. Lee	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
		919 Congress Ave. Ste. 455 Austin, TX 78701	

16 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	24,305.52
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICAL EXPENDITURES	\$	11,584.60
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	21,002.03
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00

17 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Ms. Jenny Cron

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath	Printed name of officer administering oath	Title of officer administering oath
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SUBTOTALS - JC/OH

18 FILER NAME Cron, Jenny (Ms.)		19 Filer ID 00088040	(Ethics Commission Filers)
20 SCHEDULE SUBTOTALS			SUBTOTAL AMOUNT
NAME OF SCHEDULE			
1.	<input checked="" type="checkbox"/> SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)	\$	24,305.52
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	
3.	<input type="checkbox"/> SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)	\$	
4.	<input type="checkbox"/> SCHEDULE E(J): LOANS (JUDICIAL)	\$	
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	11,584.60
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$	
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$	
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$	
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 1/9 Rpt: 4/19
2 FILER NAME Cron, Jenny (Ms.)		3 Filer ID (Ethics Commission Filers) 00088040
4 Date 07/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bilbie, Richard <hr/> 6 Contributor address; City; State; Zip Code Harlingen, TX 78550-5825	7 Amount of Contribution (\$) \$100.00
8 Contributor's Principal Occupation Attorney		9 Contributor's Job Title City Attorney
10 Contributor's employer/law firm None		11 Law firm of contributor's spouse (if any) None
12 If contributor is a child, law firm of parent(s) (if any)		
Date 09/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DeWitt, Gwen <hr/> Contributor address; City; State; Zip Code Beeville, TX 78102	Amount of Contribution (\$) \$100.00
Contributor's Principal Occupation none		Contributor's Job Title none
Contributor's employer/law firm None		Law firm of contributor's spouse (if any) None
If contributor is a child, law firm of parent(s) (if any)		
Date 07/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dunkin, Doak <hr/> Contributor address; City; State; Zip Code Harlingen, TX 78552	Amount of Contribution (\$) \$100.00
Contributor's Principal Occupation Insurance		Contributor's Job Title President
Contributor's employer/law firm None		Law firm of contributor's spouse (if any) None
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 2/9 Rpt: 5/19
2 FILER NAME Cron, Jenny (Ms.)		3 Filer ID (Ethics Commission Filers) 00088040
4 Date 09/19/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eastwood, Sandra <hr/> 6 Contributor address; City; State; Zip Code Corpus Christi, TX 78411	7 Amount of Contribution (\$) \$237.70
8 Contributor's Principal Occupation Attorney		9 Contributor's Job Title Attorney
10 Contributor's employer/law firm Law Office of Sandra Eastwood		11 Law firm of contributor's spouse (if any) None
12 If contributor is a child, law firm of parent(s) (if any)		
Date 09/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Great State Republicans <hr/> Contributor address; City; State; Zip Code Hallettsville, TX 77964-0764	Amount of Contribution (\$) \$1,000.00
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 07/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harlingen Area Tea Party Association <hr/> Contributor address; City; State; Zip Code Harlingen, TX 78550	Amount of Contribution (\$) \$115.92
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 3/9 Rpt: 6/19
2 FILER NAME Cron, Jenny (Ms.)		3 Filer ID (Ethics Commission Filers) 00088040
4 Date 07/25/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hayes III, Cornelius <hr/> 6 Contributor address; City; State; Zip Code Corpus Christi, TX 78404	7 Amount of Contribution (\$) \$500.00
8 Contributor's Principal Occupation Attorney		9 Contributor's Job Title Attorney
10 Contributor's employer/law firm Porter, Rogers, Dahlman & Gordon, P.C.		11 Law firm of contributor's spouse (if any) None
12 If contributor is a child, law firm of parent(s) (if any)		
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hopkins, Josh <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78404	Amount of Contribution (\$) \$97.50
Contributor's Principal Occupation Attorney		Contributor's Job Title Associate Attorney
Contributor's employer/law firm Herrman & Herrman, PLLC		Law firm of contributor's spouse (if any) None
If contributor is a child, law firm of parent(s) (if any)		
Date 07/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jennings, Steven <hr/> Contributor address; City; State; Zip Code Combes, TX 78535-0543	Amount of Contribution (\$) \$100.00
Contributor's Principal Occupation Adversing		Contributor's Job Title President
Contributor's employer/law firm None		Law firm of contributor's spouse (if any) None
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 4/9 Rpt: 7/19
2 FILER NAME Cron, Jenny (Ms.)		3 Filer ID (Ethics Commission Filers) 00088040
4 Date 09/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Klager, Sarah	7 Amount of Contribution (\$) \$287.70
6 Contributor address; City; State; Zip Code Corpus Christi, TX 78413		
8 Contributor's Principal Occupation Attorney		9 Contributor's Job Title Attorney
10 Contributor's employer/law firm Law Office of Sarah Klager		11 Law firm of contributor's spouse (if any) None
12 If contributor is a child, law firm of parent(s) (if any)		
Date 07/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kuprel, Charlene	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Laguna Vista, TX 78578		
Contributor's Principal Occupation Retired		Contributor's Job Title Retired
Contributor's employer/law firm None		Law firm of contributor's spouse (if any) None
If contributor is a child, law firm of parent(s) (if any)		
Date 08/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Livesay Law Office	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code McAllen, TX 78504		
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 5/9 Rpt: 8/19
2 FILER NAME Cron, Jenny (Ms.)		3 Filer ID (Ethics Commission Filers) 00088040
4 Date 08/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Napier, Avery <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78209	7 Amount of Contribution (\$) \$5,000.00
8 Contributor's Principal Occupation Student		9 Contributor's Job Title Student
10 Contributor's employer/law firm None		11 Law firm of contributor's spouse (if any) None
12 If contributor is a child, law firm of parent(s) (if any)		
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Napier, Dacia (Dr.) <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78209	Amount of Contribution (\$) \$5,000.00
Contributor's Principal Occupation Radiologist		Contributor's Job Title Radiologist
Contributor's employer/law firm None		Law firm of contributor's spouse (if any) None
If contributor is a child, law firm of parent(s) (if any)		
Date 08/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nueces County Republican Women PAC <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78466	Amount of Contribution (\$) \$500.00
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 6/9 Rpt: 9/19
2 FILER NAME Cron, Jenny (Ms.)		3 Filer ID (Ethics Commission Filers) 00088040
4 Date 09/04/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nye Law Office PLLC <hr/> 6 Contributor address; City; State; Zip Code Corpus Christi, TX 78411	7 Amount of Contribution (\$) \$500.00
8 Contributor's Principal Occupation		9 Contributor's Job Title
10 Contributor's employer/law firm		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 07/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nye Law Office PLLC <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78411	Amount of Contribution (\$) \$1,500.00
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) O'Brien, David <hr/> Contributor address; City; State; Zip Code Harlingen, TX 78552	Amount of Contribution (\$) \$237.90
Contributor's Principal Occupation Trucking		Contributor's Job Title President, Reveille Trucking Co.
Contributor's employer/law firm None		Law firm of contributor's spouse (if any) None
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 7/9 Rpt: 10/19
2 FILER NAME Cron, Jenny (Ms.)		3 Filer ID (Ethics Commission Filers) 00088040
4 Date 07/25/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Packery Restaurant Ventures LLC	7 Amount of Contribution (\$) \$1,000.00
	6 Contributor address; City; State; Zip Code Corpus Christi, TX 78418	
8 Contributor's Principal Occupation		9 Contributor's Job Title
10 Contributor's employer/law firm		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 07/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Petit-Clerc, Guy	Amount of Contribution (\$) \$75.00
	Contributor address; City; State; Zip Code Harlingen, TX 78550	
Contributor's Principal Occupation Financial Inspector		Contributor's Job Title Financial Inspector
Contributor's employer/law firm None		Law firm of contributor's spouse (if any) None
If contributor is a child, law firm of parent(s) (if any)		
Date 09/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pinion, Rebecca	Amount of Contribution (\$) \$38.10
	Contributor address; City; State; Zip Code Corpus Christi, TX 78413	
Contributor's Principal Occupation Retired		Contributor's Job Title Retired
Contributor's employer/law firm None		Law firm of contributor's spouse (if any) None
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 8/9 Rpt: 11/19
2 FILER NAME Cron, Jenny (Ms.)		3 Filer ID (Ethics Commission Filers) 00088040
4 Date 09/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Porter, Rogers, Dahlman & Gordon, PC <hr/> 6 Contributor address; City; State; Zip Code Corpus Christi, TX 78403-2968	7 Amount of Contribution (\$) \$1,000.00
8 Contributor's Principal Occupation		9 Contributor's Job Title
10 Contributor's employer/law firm		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 07/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reich, William <hr/> Contributor address; City; State; Zip Code New Braunfels, TX 78132	Amount of Contribution (\$) \$479.70
Contributor's Principal Occupation Homebuilder		Contributor's Job Title President, Southwest Homes
Contributor's employer/law firm None		Law firm of contributor's spouse (if any) None
If contributor is a child, law firm of parent(s) (if any)		
Date 07/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shelton, Catherine <hr/> Contributor address; City; State; Zip Code Brownsville, TX 78520	Amount of Contribution (\$) \$20.00
Contributor's Principal Occupation None		Contributor's Job Title None
Contributor's employer/law firm None		Law firm of contributor's spouse (if any) None
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 9/9 Rpt: 12/19
2 FILER NAME Cron, Jenny (Ms.)		3 Filer ID (Ethics Commission Filers) 00088040
4 Date 07/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Simpson, Minerva	7 Amount of Contribution (\$) \$20.00
	6 Contributor address; City; State; Zip Code Harlingen, TX 78552	
8 Contributor's Principal Occupation Mortgage		9 Contributor's Job Title Branch Manager
10 Contributor's employer/law firm None		11 Law firm of contributor's spouse (if any) None
12 If contributor is a child, law firm of parent(s) (if any)		
Date 08/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tejas PAC	Amount of Contribution (\$) \$771.00
	Contributor address; City; State; Zip Code Mission, TX 78573	
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 07/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texans for Lawsuit Reform PAC	Amount of Contribution (\$) \$5,000.00
	Contributor address; City; State; Zip Code Austin, TX 78701	
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/7 Rpt: 13/19	2 FILER NAME Cron, Jenny (Ms.)	3 Filer ID (Ethics Commission Filers) 00088040
4 Date 08/05/2024	5 Payee name Ace Hardware North Padre	
6 Amount (\$) \$173.10	7 Payee address; City; State; Zip Code 15326 SPID Corpus Christi, TX 78418	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense signage
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/02/2024	Payee name American Bank	
Amount (\$) \$30.00	Payee address; City; State; Zip Code P.O. Box 6469 Corpus Christi, TX 78466	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense incoming wire fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/15/2024	Payee name Arrow Display Signs	
Amount (\$) \$482.29	Payee address; City; State; Zip Code 1343 S. Staples Corpus Christi, TX 78404	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense printing
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/7 Rpt: 14/19	2 FILER NAME Cron, Jenny (Ms.)	3 Filer ID (Ethics Commission Filers) 00088040
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4 Date 09/01/2024	5 Payee name Arrow Display Signs
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6 Amount (\$) \$300.00	7 Payee address; City; State; Zip Code 1343 S. Staples Corpus Christi, TX 78404
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense signs
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 09/09/2024	Payee name Arrow Display Signs
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Amount (\$) \$376.56	Payee address; City; State; Zip Code 1343 S. Staples Corpus Christi, TX 78404
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Signs
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 07/26/2024	Payee name Cafe Calypso
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Amount (\$) \$600.00	Payee address; City; State; Zip Code 5425 SPID Corpus Christi, TX 78411
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense gathering
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 3/7 Rpt: 15/19	2 FILER NAME Cron, Jenny (Ms.)	3 Filer ID (Ethics Commission Filers) 00088040
4 Date 07/23/2024	5 Payee name Garcia, Areyna	
6 Amount (\$) \$75.25	7 Payee address; City; State; Zip Code unknown unknown, TX 78550	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense data entry
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/24/2024	Payee name Los Pinos Hardware	
Amount (\$) \$90.78	Payee address; City; State; Zip Code 6554 East State Highway 107 Edinburg, TX 78542	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense hardware for signs
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/29/2024	Payee name Lowe's	
Amount (\$) \$63.39	Payee address; City; State; Zip Code 1530 Airline Rd. Corpus Christi, TX 78412	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense for signage
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 4/7 Rpt: 16/19	2 FILER NAME Cron, Jenny (Ms.)	3 Filer ID (Ethics Commission Filers) 00088040
4 Date 09/04/2024	5 Payee name Lowe's	
6 Amount (\$) \$47.54	7 Payee address; City; State; Zip Code 1530 Airline Rd. Corpus Christi, TX 78412	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense for signage
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/19/2024	Payee name MG Building Materials	
Amount (\$) \$107.17	Payee address; City; State; Zip Code 7406 SPID Corpus Christi, TX 78412	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense materials for signage
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/26/2024	Payee name Neely's Printing and More	
Amount (\$) \$269.10	Payee address; City; State; Zip Code 1011 Louisiana Ave. Corpus Christi, TX 78404	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense printing campaign materials
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 5/7 Rpt: 17/19	2 FILER NAME Cron, Jenny (Ms.)	3 Filer ID (Ethics Commission Filers) 00088040
4 Date 07/22/2024	5 Payee name Steve Ray Associates	
6 Amount (\$) \$2,000.00	7 Payee address; City; State; Zip Code P.O. Box 742 Corpus Christi, TX 78403	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign consulting
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/30/2024	Payee name Steve Ray Associates	
Amount (\$) \$2,455.00	Payee address; City; State; Zip Code P.O. Box 742 Corpus Christi, TX 78403	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense retainer; PIBA; Taste of Freedom
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/04/2024	Payee name Steve Ray Associates	
Amount (\$) \$4,200.00	Payee address; City; State; Zip Code P.O. Box 742 Corpus Christi, TX 78403	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense digital and other
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 6/7 Rpt: 18/19	2 FILER NAME Cron, Jenny (Ms.)	3 Filer ID (Ethics Commission Filers) 00088040
4 Date 07/26/2024	5 Payee name The Annex	
6 Amount (\$) \$76.70	7 Payee address; City; State; Zip Code 312 Chaparral St. Corpus Christi, TX 78401	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense fundraising event
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/29/2024	Payee name The Home Depot	
Amount (\$) \$15.85	Payee address; City; State; Zip Code 5041 SPID Corpus Christi, TX 78411	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense for signs
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/05/2024	Payee name The Home Depot	
Amount (\$) \$158.48	Payee address; City; State; Zip Code 5041 SPID Corpus Christi, TX 78411	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense sign posts
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 7/7 Rpt: 19/19	2 FILER NAME Cron, Jenny (Ms.)	3 Filer ID (Ethics Commission Filers) 00088040
4 Date 08/14/2024	5 Payee name The Home Depot	
6 Amount (\$) \$63.39	7 Payee address; City; State; Zip Code 5041 SPID Corpus Christi, TX 78411	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense hardware for signage
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
		Office held